



County of Fairfax  
Department of Tax Administration  
12000 Government Center Parkway, Suite 261  
Fairfax, Virginia 22035  
Phone: (703) 324-3826 Fax: (703) 324-3500  
Web Site: www.fairfaxcounty.gov/dta  
Application for Certification as a Short Term Rental Business

2006

To be completed by business owner (for each location)

For Office Use Only

Federal Tax Identification Number

Virginia Sales Tax Number

Business Telephone Number

Date Business Began In Fairfax County

Description of Property Rented

Owner Name

Trade Name

Headquarters Location

Fairfax County Business Location

Mailing Address

Business Tax Contact

(Name and Phone Number)

**THE FOLLOWING INFORMATION MUST BE COMPLETED:**

The gross receipts reported are for the 12 month period beginning December 1, 2004 and ending November 30, 2005.

- |  |   |       |
|--|---|-------|
| 1. Total Gross Receipts for the Period Indicated   | 1 | _____ |
| 2. Total <b>Rental</b> Receipts for the Period Indicated   | 2 | _____ |
| 3. Total Rental Receipts Involving Personal Services   | 3 | _____ |
| 4. Gross Rental Receipts (subtract line 3 from line 2)   | 4 | _____ |
| 5. Total Gross Proceeds from Short Term Rental   | 5 | _____ |
| 6. Total Gross Receipts from Short Term Rental<br>Property Leased to a Person Affiliated with the Lessor | 6 | _____ |
| 7. Total Gross Receipts from Short Term Rental Property <b>NOT</b> Owned                                 | 7 | _____ |
| 8. Total Exclusions from Short Term Rental Receipts (Add lines 6 & 7)                                    | 8 | _____ |
| 9. Adjust Daily Short Term Rental Proceeds (Subtract line 8 from line 5)                                 | 9 | _____ |

**CERTIFICATION:**

I, the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Section 2 - To be completed by Director of Department of Tax Administration

Date Received \_\_\_\_\_

Approved \_\_\_\_\_  
Date

Not Approved \_\_\_\_\_  
Date

Business Acct. Number \_\_\_\_\_

\_\_\_\_\_  
Director, Department of Tax Administration

\_\_\_\_\_  
Date